STATE OF HAWAII				PAGE of
CONTRACT WORK SUMMA	RY RECORD			
1. APPLICANT (DEPT/DIV)		2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE:		6. CATEGORY		7. PERIOD COVERING
8. DESCRIPTION OF WORI	K PERFORMED	<u> </u>		
DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS - SCOPE
		GRAND TOTAL		
I CERTIFY THAT THE ABO	VE INFORMATION WAS OBTAINED FROM	PAYROLL RECORDS	, INVOICES, OR (OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.
CERTIFIED			TITLE	